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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/258,556 12/29/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/20/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MN	SHEETS DRAWING 22	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
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ADDRESS

27581
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TITLE

Chronic pain patient care plan

FILING FEE

RECEIVED

FEES: Authority has been given in Paper
 No. _____ to charge/credit DEPOSIT ACCOUNT
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☐ All Fees☐ 1.16 Fees (Filing)☐ 1.17 Fees (Processing Ext. of time)☐ 1.18 Fees (Issue)